

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4						
5	1	①				
6	1					
7	1					
8	1	②				
9		③				
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46						
47						
48						
49						
50	1					
TOTAL IND.	4					
TOTAL DEP.	71					
TOTAL CLAIMS	71	██████	██████	██████	██████	██████

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51			52			53
54			55			56
57			58			59
60			61			62
63			64			65
66			67			68
69			70			71
72			73			74
75			76			77
78			79			80
81			82			83
84			85			86
87			88			89
90			91			92
93			94			95
96			97			98
99			100			
TOTAL IND.			TOTAL IND.			
TOTAL DEP.			TOTAL DEP.			
TOTAL CLAIMS		██████	██████	██████	██████	██████